

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05436
5428 CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH: CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN							
COUNTY Caroline MARYLAND Preston - Rural LENGTH OF STAY (Up to this place) 10 years		STATE Maryland COUNTY Caroline Preston - Rural (If rural give location)							
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Pleasant Road		Mt. Pleasant Road							
3. NAME OF DECEASED: (Type or Print) Carrie Edwards Chase		4. DATE (Month) (Day) (Year) OF DEATH: June 23 1955							
5. SEX: Female RACE: Colored		6. COLOR OR RACE: SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed		7. DATE OF BIRTH: June 15, 1895		9. AGE last birthday 62 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Housework		10B. KIND OF BUSINESS OR INDUSTRY: Home		11. BIRTHPLACE (State or foreign country): North Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME: No data available		14. MOTHER'S MAIDEN NAME: No data available							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 218-20-4751		17. INFORMANT & ADDRESS: William Terry, Philadelphia, Penna.					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.0 IMMEDIATE CAUSE ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		18. MEDICAL CERTIFICATION (A) DUE TO Coronary Insufficiency. (B) DUE TO Proximal Occlusive Cardiac (C) Hypertensive Arterosclerotic Disease		INTERVAL BETWEEN ONSET AND DEATH 4 hours. 3 days. 10 yrs.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None									
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		21C. WHERE DID (City or town) INJURY OCCUR?					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>June 19</u> , 1947, to <u>June 28</u> , 1955, that I last saw the deceased alive on <u>June 22</u> , 1955, and that death occurred at <u>1 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>John Plummer</u> ADDRESS <u>Preston, Md.</u> DATE SIGNED <u>6/29/55</u>									
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF June 27, 1955		NAME OF CEMETERY OR CREMATORIALy Mt. Pleasant Cemetery		LOCATION (City, town, or county) Near Preston, Maryland			
DATE REC'D BY LOCAL REGISTRAR <u>6-21-55</u>		REGISTRAR'S SIGNATURE <u>Cornelius W. Plummer</u>		24. FUNERAL DIRECTOR J.J. Frampton and Son, Federalsburg, Md.		ADDRESS			

BUREAU V. S.

JUL 3 1968

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5429

CERTIFICATE OF DEATH

Reg. Dist. No. 60

05437

60

1. PLACE OF DEATH: CITY (If outside corporate limits, write RURAL OR and give nearest town) <input checked="" type="checkbox"/> TOWN Marydel				2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marydel				
HOSPITAL OR INSTITUTION OR STREET ADDRESS <input checked="" type="checkbox"/> None				STREET ADDRESS <input checked="" type="checkbox"/> None				
3. NAME OF (First) Edith S. Dailey (Middle) DECEASED: (Type or Print)				4. DATE (Month) (Day) (Year) OF DEATH: 6 13 559				
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. <input checked="" type="checkbox"/> Married	8. DATE OF BIRTH: 2/1/1887	9. AGE last birthday 68 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life) <input checked="" type="checkbox"/> Housewife				10B. KIND OF BUSINESS OR INDUSTRY: <input checked="" type="checkbox"/> None				
11. BIRTHPLACE (State or foreign country): Delaware				12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Calvin R. Frazier				14. MOTHER'S MAIDEN NAME: Rachel Steele				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <input checked="" type="checkbox"/> No				16. SOCIAL SECURITY NO. 222-16-9706B				
17. INFORMANT & ADDRESS: J. Seward Dailey Marydel, Md.				18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 155X IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				
				(A) DUE TO <i>Carcinoma of Gallbladder</i>	INTERVAL BETWEEN ONSET AND DEATH			
				(B) DUE TO				
				(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.								
19A. DATE OF OPERATION: May 10 1955		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Gall Bladder C heteroplasia</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? <i>at home</i>		(City or town) (County) (State)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>May 1, 1955</i> to <i>June 13, 1955</i> that I last saw the deceased alive on <i>June 13, 1955</i> and that death occurred at <i>10:25 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>J. Seward Dailey</i> ADDRESS <i>Greensboro Md</i> DATE SIGNED <i>June 15, 1955</i>								
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 6/16/55		NAME OF CEMETERY OR CREMATORIAL Odd Fellows		LOCATION (City, town, or county) (State) Camden, Delaware		
DATE REC'D BY LOCAL REGISTRAR 6/16/55		REGISTRAR'S SIGNATURE <i>al Smith</i>		24. FUNERAL DIRECTOR ADDRESS <i>J. E. Boulaire Greensboro, Md.</i>				

BUREAU V. S.

JUL 8 1955

RECEIVED

5430

05438

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>CAROLINE</u>		STATE <u>MD</u> COUNTY <u>CAROLINE</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>RURAL RIDGELY</u>		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <u>RURAL RIDGELY</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>500</u>		STREET ADDRESS <u>(If rural, give location)</u>	
3. NAME OF DECEASED: (First) <u>John</u> (Middle) <u>STOUDT</u> (Last) <u>Ebling</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 15 1955</u>	
5. SEX: <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>M</u>	8. DATE OF BIRTH: <u>Nov 14 1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of work life even if retired): <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Farm</u>	
11. BIRTHPLACE (State or foreign country): <u>PENNA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>GABRIAL K Ebling</u>		14. MOTHER'S MAIDEN NAME: <u>MARY STOUDT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO.: <u>—</u>	
17. INFORMANT & ADDRESS: <u>STATE Police</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <u>825X</u> Immediate cause (a) <u>Crushed skull</u> DUE TO <u>External injuries</u> INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause DUE TO (c) _____ stating underlying cause last _____			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, of street, office, bldg., etc.) <u>Rural Ridgely</u> (City or town) <u>Caroline</u> (County) <u>MD</u> (State) <u>05</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>6 15-53 7:06</u> M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> 21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
SIGNATURE <u>James George MD</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAM. <input type="checkbox"/>	
DATE SIGNED <u>6/17/55</u>		DATE SIGNED <u>6/17/55</u>	
23. BURIAL, CREMATION, REMOVAL (Sect. 17): <u>Burial</u>		DATE THEREOF <u>JUNE 18 1955</u> NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) <u>RIDGELY CAROLINE MD</u>	
DATE REC'D BY LOCAL REG. <u>6/17/55</u>		REG. <u>John D. George</u> REG. <u>J. Veigel</u> ADDRESS <u>Moore & Son</u>	
REG. <u>John D. George</u>		REG. <u>J. Veigel</u>	

BUREAU Y.

JUN 21 1955

RECEIVED

5431

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05439
Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 64

1. PLACE OF DEATH:

COUNTY Caroline

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN Federalsburg - RuralLENGTH OF STAY
^{In this place}
45 yearsHOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Bridgeville Road

3. NAME OF
DECEASED:
(Type or Print)(First)
John(Middle)
Edward(Last)
Elrick4. DATE
OF
DEATH June 3 1955
(Month) (Day) (Year)5. SEX:
Male6. COLOR OR
RACE:
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): Widowed8. DATE OF BIRTH:
February 8, 18809. AGE last birthday:
75 yrs.
IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired): Canner and Merchant10b. KIND OF BUSINESS OR
INDUSTRY:
Wellersburg, Pennsylvania12. CITIZEN OF WHAT
COUNTRY?
U.S.A.

13. FATHER'S NAME:

John E. Elrick

14. MOTHER'S MAIDEN NAME:

Isabelle Sturtz

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS:
Mrs. W. Randolph Quillen, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

260X
Immediate cause(a)
DUE TO

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

Suddenly

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating underlying cause last(b)
DUE TO

Desbelff Mellites

140-

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING
CAUSE OF DEATH.21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY M.21b. PLACE (Home, farm, factory,
of street, office bldg., etc.,
INJURY21e. INJURY OCCURRED
While at Not while
work at work

21c. (City or town) (County)

(State)

21f. HOW DID INJURY OCCUR?

(State)

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

SIGNATURE

Lewson D. George

CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
M. D. ASSISTANT MEDICAL EXAM.DATE SIGNED
6/4/5523. BURIAL, CREMATION,
REMOVAL (Specify):
BurialDATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)
June 6, 1955 Hill Crest Cemetery Federalsburg, Md.DATE REC'D BY LOCAL REG. 24. FUNERAL DIRECTOR ADDRESS
June 6, 1955 Margaret H. Frampton J. J. Frampton and Son, Federalsburg, Md.

BUREAU V. S.

JUN 21 1955

RECEIVED

5432

05440

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place)	STATE Penn. COUNTY Phila. CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Phila., Pa. 75X-3 STREET ADDRESS (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		3522 Cottontown St. ✓	
3. NAME OF DECEASED: (Type or Print)	(First) WILLIAM	(Middle) THOMAS	(Last) GILL
5. SEX: M	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH: Nov. 6, 1899
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if not man)	10b. KIND OF BUSINESS OR INDUSTRY: Books	11. BIRTHPLACE (State or foreign country): Georgia	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Andrew	Gill	14. MOTHER'S MAIDEN NAME: Isabel Campbell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 1918	16. SOCIAL SECURITY NO.: 2	17. INFORMANT & ADDRESS: Mrs. W. T. Gill	18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH Short time
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 977X Immediate cause (a) DUE TO Hemorrhage	Antecedent cause(s) (b) DUE TO Severe artery of neck	(c)	2
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, of street, office bldg., etc., INJURY Highway Highway	21c. (City or town) Denton, Ga.	(County) 05 (State) Georgia
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 6-25-55 7 M.	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Pierced radial artery against	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . SIGNATURE <i>Dawson D. George</i>			
CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	DATE SIGNED 6/27/55		
23. BURIAL, CREMATION, REMOVAL (Specify): Burial	DATE THEREOF June 30, 1955	NAME OF CEMETERY OR CREMATORIAL Jones' Chapel	LOCATION (City, town, or county) Woodbury, Georgia (State)
DATE REC'D BY LOCAL REG. 6/27/55	REG. <i>Dawson D. George</i>	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
		J. Angel Morris Jr., Denton, Ga.	

BUREAU V.

JUN 28 1955

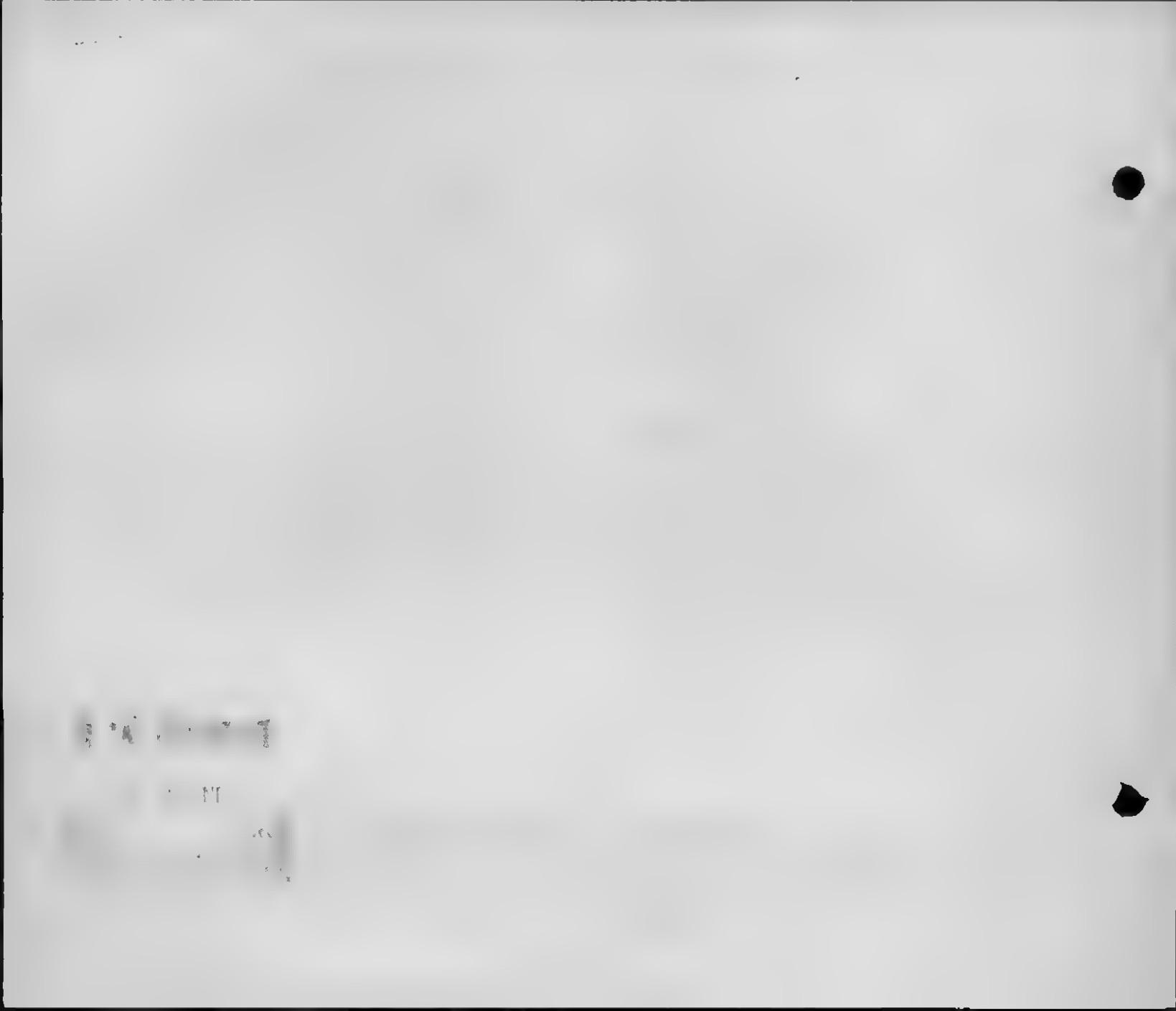
RECEIVED

Reg. Dist.
No. 62

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY <u>Caroline</u> MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Dentons</u> LENGTH OF STAY <small>(on this place)</small> <u>life</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>MD</u> COUNTY <u>Caroline</u> CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <u>Dentons</u> STREET ADDRESS <small>(If rural, give location)</small> <u></u>			
3. NAME OF DECEASED: <small>(Type or Print)</small> <u>Norman Isaac Harsey</u>				4. DATE OF DEATH <u>June 7 1955</u>			
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Singl</u>		8. DATE OF BIRTH: <u>7/24/1878</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Fanner</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Farmers</u>		11. BIRTHPLACE (State or foreign country): <u>Hillwood Md USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>John H. Harsey</u>				14. MOTHER'S MAIDEN NAME: <u>Annie Pennington</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or blank.) (If Yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO.: <u>—</u>			
17. INFORMANT & ADDRESS: <u>Mary Denton Denton Md</u>				18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <u>422.2</u> Immediate cause (a) <u>Myocarditis Chronic</u> Antecedent cause(s) (b) <u>Brucellosis Chronic</u> Diseases or conditions, if any, giving rise to the above cause (c) <u>stating underlying cause last</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>2 yr.</u>			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Natural Infiltration</u>				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
19a. DATE OF OPERATION: <u>none</u>		19b. MAJOR FINDING OF OPERATION:		21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>—</u>		21b. PLACE (Home, farm, factory, of street, office bldg., etc., INJURY <u>While at work</u>		21e. (City or town) <u>Hillwood</u>		(County) <u>MD</u>	
21f. HOW DID INJURY OCCUR? <u>Not while at work</u>		20. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.				(State) <u>MD</u>	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .		SIGNATURE <u>Samuel D. George</u>				DATE SIGNED <u>6/9/55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>6/10/55</u>		NAME OF CEMETERY OR CREMATORIAL <u>Breckman</u>		LOCATION (City, town, or county) <u>Hillwood</u>	
DATE REC'D BY LOCAL REG. <u>6/9/55</u>		REGISTRAR'S SIGNATURE <u>Wm D. George</u>		24. FUNERAL DIRECTOR <u>J. D. George Son Denton Md</u>		ADDRESS <u>—</u>	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05442
5434 CERTIFICATE OF DEATH Reg. Dist. No. 66

Reg. Dist. No. 66

.66

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN		Caroline MARYLAND		STATE Maryland		COUNTY Caroline	
HOSPITAL OR INSTITUTION OR STREET ADDRESS OB		LENGTH OF STAY (in this place) 50 Yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely		(If rural give location)	
None				STREET ADDRESS None			
3. NAME OF DECEASED: (Type or Print) Herbert E. Koenemann				4. DATE (Month) (Day) (Year) OF DEATH: 6 3 55 19			
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married		8. DATE OF BIRTH: 2/7/1893	
9. AGE last birthday yrs. 62		10. KIND OF BUSINESS OR INDUSTRY: Milkman Canning Co.		11. BIRTHPLACE (State or foreign country): Phila., Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: August Koenemann				14. MOTHER'S MAIDEN NAME: Catherine Spidell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) Yes		16. SOCIAL SECURITY NO. 216-03-9372		17. INFORMANT & ADDRESS: Irene Koenemann Ridgely, Md.			
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH. 420.1 IMMEDIATE CAUSE DUE TO (A) <i>Acute Coronary Thrombosis.</i> ANTECEDENT CAUSE (B) _____ DUE TO _____ STATING UNDERLYING CAUSE LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Pneumonia - Pneumonia.</i>							
19A. DATE OF OPERATION: D		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (City or town) INJURY OCCURRED		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? M.D. <i>Ridgeley, Md.</i>			
22. I hereby certify that I attended the deceased from <i>May</i> , 1955, to <i>June 3</i> , 1955 that I last saw the deceased alive on <i>6.3.1955</i> , and that death occurred at <i>10:30 P.M.</i> from the causes and on the date stated above. SIGNATURE <i>Charles W. Winona H.</i> ADDRESS <i>M.D. Ridgeley, Md.</i> DATE SIGNED <i>6.4.55</i>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>6/6/55</i>		NAME OF CEMETERY OR CREMATORIAL <i>Greensboro</i>		LOCATION (City, town, or county) <i>Greensboro, Md.</i> (State)	
DATE REC'D BY LOCAL REGISTRAR <i>6-4-55</i>		REGISTRAR'S SIGNATURE <i>Mary C. Laird</i>		4. FUNERAL DIRECTOR <i>J.E. Boulier Greensboro, Md.</i>		ADDRESS	

RECEIVED
BUREAU V. S.

JUN 7 1955

5435

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

COUNTY

Caroline

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN

Federalburg

LENGTH OF STAY
(In this place)

25 years

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

50 Park Avenue

3. NAME OF
DECEASED:
(Type or Print)

George

(First) (Middle)

Edward

(Last)

Morris

Male

Colored

RACE:

6. COLOR OR
RACE:7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify):

Married

8. DATE OF BIRTH:

March 23, 1892

9. AGE last birthday

63 yrs.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):10B. KIND OF BUSINESS
OR INDUSTRY:

Stationary Boiler Fireman - Mill

11. BIRTHPLACE (State or foreign country):

Newport News, Va.

12. CITIZEN OF WHAT
COUNTRY?

U.S.A.

13. FATHER'S NAME:

No data available

14. MOTHER'S MAIDEN NAME:

No data available

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, No, or unk.)

(If Yes, give war or dates
of service)

16. SOCIAL SECURITY NO.

219-07-9871

17. INFORMANT & ADDRESS:

Viola Morris, Federalburg, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE

(A) DUE TO

ANTECEDENT CAUSE (B):

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(C) DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

cerebral thrombosis

14 days

Chronic heart failure

4 mon.

Hypertensive Cardiovascular disease

? years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

O

20. AUTOPSY?

YES NO

(County) (State)

21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

M. S.

22. I hereby certify that I attended the deceased from 2-10, 1955 to 6-1, 1955 that I last saw the deceased
alive on 6-1, 1955, and that death occurred at 10:45 PM, from the causes and on the date stated above.

ADDRESS

DATE SIGNED

SIGNATURE

Robert C. Kingsbury

M.D.

Federalburg, Md.

6-5-55

DATE REC'D BY LOCAL
REGISTRAR

June 5, 1955

REGISTRAR'S SIGNATURE

Margaret H. Frampton

J.J. Frampton and Son, Federalburg, Md.

ADDRESS

19. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

Federal Hill Cemetery

LOCATION (City, town, or county)

(State)

Federalburg, Maryland

24. FUNERAL DIRECTOR

ADDRESS

J.J. Frampton and Son, Federalburg, Md.

ADDRESS

19. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

Federal Hill Cemetery

LOCATION (City, town, or county)

(State)

Federalburg, Maryland

24. FUNERAL DIRECTOR

ADDRESS

J.J. Frampton and Son, Federalburg, Md.

ADDRESS

19. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

Federal Hill Cemetery

LOCATION (City, town, or county)

(State)

Federalburg, Maryland

24. FUNERAL DIRECTOR

ADDRESS

J.J. Frampton and Son, Federalburg, Md.

ADDRESS

19. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

Federal Hill Cemetery

LOCATION (City, town, or county)

(State)

Federalburg, Maryland

24. FUNERAL DIRECTOR

ADDRESS

J.J. Frampton and Son, Federalburg, Md.

ADDRESS

19. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

Federal Hill Cemetery

LOCATION (City, town, or county)

(State)

Federalburg, Maryland

24. FUNERAL DIRECTOR

ADDRESS

J.J. Frampton and Son, Federalburg, Md.

ADDRESS

19. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

Federal Hill Cemetery

LOCATION (City, town, or county)

(State)

Federalburg, Maryland

24. FUNERAL DIRECTOR

ADDRESS

J.J. Frampton and Son, Federalburg, Md.

ADDRESS

19. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

Federal Hill Cemetery

LOCATION (City, town, or county)

(State)

Federalburg, Maryland

24. FUNERAL DIRECTOR

ADDRESS

J.J. Frampton and Son, Federalburg, Md.

ADDRESS

19. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

Federal Hill Cemetery

LOCATION (City, town, or county)

(State)

Federalburg, Maryland

24. FUNERAL DIRECTOR

ADDRESS

J.J. Frampton and Son, Federalburg, Md.

ADDRESS

19. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

Federal Hill Cemetery

LOCATION (City, town, or county)

(State)

Federalburg, Maryland

24. FUNERAL DIRECTOR

ADDRESS

J.J. Frampton and Son, Federalburg, Md.

ADDRESS

19. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

Federal Hill Cemetery

LOCATION (City, town, or county)

(State)

Federalburg, Maryland

24. FUNERAL DIRECTOR

ADDRESS

J.J. Frampton and Son, Federalburg, Md.

ADDRESS

19. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

Federal Hill Cemetery

LOCATION (City, town, or county)

(State)

Federalburg, Maryland

24. FUNERAL DIRECTOR

ADDRESS

J.J. Frampton and Son, Federalburg, Md.

ADDRESS

19. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

Federal Hill Cemetery

LOCATION (City, town, or county)

(State)

Federalburg, Maryland

24. FUNERAL DIRECTOR

ADDRESS

J.J. Frampton and Son, Federalburg, Md.

ADDRESS

19. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

Federal Hill Cemetery

LOCATION (City, town, or county)

(State)

Federalburg, Maryland

24. FUNERAL DIRECTOR

ADDRESS

J.J. Frampton and Son, Federalburg, Md.

ADDRESS

19. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

Federal Hill Cemetery

LOCATION (City, town, or county)

(State)

Federalburg, Maryland

24. FUNERAL DIRECTOR

ADDRESS

J.J. Frampton and Son, Federalburg, Md.

ADDRESS

19. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

Federal Hill Cemetery

LOCATION (City, town, or county)

(State)

Federalburg, Maryland

24. FUNERAL DIRECTOR

ADDRESS

J.J. Frampton and Son, Federalburg, Md.

ADDRESS

19. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

Federal Hill Cemetery

LOCATION (City, town, or county)

(State)

Federalburg, Maryland

24. FUNERAL DIRECTOR

ADDRESS

J.J. Frampton and Son, Federalburg, Md.

ADDRESS

19. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

Federal Hill Cemetery

LOCATION (City, town, or county)

(State)

Federalburg, Maryland

24. FUNERAL DIRECTOR

ADDRESS

J.J. Frampton and Son, Federalburg, Md.

ADDRESS

19. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

Federal Hill Cemetery

LOCATION (City, town, or county)

(State)

Federalburg, Maryland

24. FUNERAL DIRECTOR

ADDRESS

J.J. Frampton and Son, Federalburg, Md.

ADDRESS

19. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

Federal Hill Cemetery

LOCATION (City, town, or county)

(State)

Federalburg, Maryland

24. FUNERAL DIRECTOR

ADDRESS

J.J. Frampton and Son, Federalburg, Md.

ADDRESS

19. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

Federal Hill Cemetery

LOCATION (City, town, or county)

BUREAU Y. S.

JUN 24 1955

RECEIVED